

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print the link.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>10/22/00</u> through <u>12/31/00</u>	Date of election if applicable: (Month, Day, Year) <u>11/07/00</u>	FILED Date Stamp JUL 27 2001 CITY OF SANTA MARIA BY: <u>[Signature]</u> City Clerk	Page <u>1</u> of <u>9</u> For Official Use Only
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1. Type of Recipient Committee: All committees - Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)
- ☐ General Purpose Committee
☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☐ Pre-election Statement
- ☒ Semi-annual Statement
- ☐ Termination Statement
- ☒ Amendment (Explain below)
Increased monetary contributions (Sched. A-cont.)
Increased unitemized increases to cash (Sched. I-#2)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME
Alice Patino for City Council

I.D. NUMBER
1227669

Treasurer(s)

NAME OF TREASURER
Tom Martinez

MAILING ADDRESS
2450 Professional Parkway Ste. 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 (805)934-5737

STREET ADDRESS (NO P.O. BOX)
2450 Professional Parkway Ste. 220

CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria CA 93455 (805)346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS

NAME OF ASSISTANT TREASURER, IF ANY

2450 Professional Parkway Ste. 220
CITY STATE ZIP CODE AREA CODE/PHONE
Santa Maria, CA 93455 (805)934-5737

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2
CALIFORNIA
FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Santa Maria City Council

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

2450 Professional Parkway Ste. 220 Santa Maria CA 93455

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee List names of officeholder(s) or candidate(s)

for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

DATE

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on

DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

CALIFORNIA
FORM
460

Statement covers period from 10/22/00 through 12/31/00	Page 3 of 9
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SEE INSTRUCTIONS ON REVERSE	NAME OF FILER Alice Patino for City Council	I.D. NUMBER 1227669
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Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	Schedule A, Line 3 \$ 1,482.00	\$ 11,044.00	\$ 12,526.00
2. Loans Received	Schedule B, Line 7 0	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 1,482.00	\$ 11,044.00	\$ 12,526.00
4. Nonmonetary Contributions	Schedule C, Line 3 0	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 1,482.00	\$ 11,044.00	\$ 12,526.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55
7. Loans Made	Schedule H, Line 7 0	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 0	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3 7,817.93	4,198.62	12,016.55
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 7,817.93	\$ 4,198.62	\$ 12,016.55

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 6,847.25		
13. Cash Receipts	Column A, Line 3 above 1,482.00		
14. Miscellaneous Increases to Cash	Schedule I, Line 4 1,694.07		
15. Cash Payments	Column A, Line 8 above 7,817.93		
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,205.39		

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b) \$ 0		
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse \$ 0		
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above \$ 0		

Summary for Candidates in Both June and November Elections

20. Contributions Received	1/1 through 6/30	7/1 to Date
21. Expenditures Made		

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Schedule A Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/22/00
through 12/31/00

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/1/00	Republican Voter Checklist 643 W. 6th Street San Pedro, CA 90731	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	0
10/30/00	Active Ballot Club 1775 K Street Washington, DC 20006	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	0
11/1/08/00	Tepusquet Creek Apple Farm PO Box 5549 Santa Maria, CA 93456	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200.00	200.00	0
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$ 700.00						

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 1,100.00
- Amount received this period - unitemized contributions of less than \$100 \$ 382.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 1,482.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/22/00
through 12/31/00

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER
1227669

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/21/00	Jack C. Garvin Consulting 3501 Telephone Rd. Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed consultant	100.00	100.00	
10/21/00	Burt Fugate P.O. Box 365 Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Self-employed property mgr.	200.00	200.00	
10/25/00	Joyce D. Engel 986 Briarcliff Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Retired	100.00	100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
SUBTOTAL \$				400.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Alice Patino for City Council

Statement covers period
from 10/22/00
through 12/31/00

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1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributors
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (If COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Postmaster 301 E. Battles Santa Maria, CA 93454	POS			360.00
Postmaster 301 Battles Santa Maria, CA 93454	POS			234.00
Santa Maria Times PO Box 400 Santa Maria, CA 93456	PRT			763.04
SUBTOTAL \$ 1,357.04				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 7,694.54
- Unitemized payments made this period of under \$100 \$ 123.39
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 7,817.93**

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 10/22/00
through 12/31/00

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER
1227669

Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads RAD radio airtime and production costs	RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging and meals (explain) TRS staff/spouse travel, lodging and meals (explain) TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
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NAME AND ADDRESS OF PAYEE OR CREDITOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Ken Vertrees Printers 406 W. Main Street Santa Maria, CA 93458	LIT			195.95
Business Mailing Center 1000 Del Norte Oxnard, CA 93030	LIT			176.74
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL			357.00
Benedetti & Associates PO Box 5959 Santa Maria, CA 93456	PRO			250.00
KCOY TV PO Box 711351 Santa Maria, CA 93456	TEL			3,400.00

SUBTOTAL \$ 4,379.69

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
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SCHEDULE E (CONT.)

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Statement covers period
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Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL l.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSE transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KUHL Radio 716 E. Chapel Santa Maria, CA 93454	RAD	..	195.00
Postmaster 301 Battles Santa Maria, CA 93454	POS		220.65
Joyce Chrisman 923 N. East Ave. Santa Maria, CA 93454	OFC		147.16
Alice Patino 328 W. Agnes Santa Maria, CA 93454	PRT		1,395.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,957.81

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SUBTOTAL \$ 1,682.67

TOTAL € 1,694.07